COLORADO
Department of Health Care Policy & Financing

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Medicaid Integrated Care Sustainability Frequently Asked Questions

July 2025

The following frequently asked questions (FAQs) are intended to provide guidance on the Integrated Care Sustainability policy, effective July 1, 2025.

Topic: Practice Assessment and PMPM

1. **What is the Integrated Care PMPM?**
    a. A PCMP is a primary care provider that is contracted with a RAE to manage the health care needs of Health First Colorado members. PCMPs must be licensed to practice in Colorado and have an MD, DO, or NP provider license. They must also be licensed in a specialty such as pediatrics, family medicine, internal medicine, obstetrics and gynecology, or geriatrics.
    b. PCMPs may receive additional payment for delivering highly integrated care if they meet the standards for integration of primary care and behavioral health outlined in the Practice Assessment. For information on the Integrated Care PMPM, please see ACC PCMP Payment Fact Sheet.
2. **What is the Practice Assessment?**
    a. A three-tier assessment to incentivize progress along the continuum of advanced primary care. For information on the Practice Assessment, please see ACC PCMP Payment Fact Sheet.
3. **What requirements does my practice have to meet on the Practice Assessment to receive the Integrated Care PMPM?**
    a. The practice has an established relationship with an integrated behavioral health provider available via telehealth to patients and caregivers who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change, OR has an onsite integrated behavioral health provider who is available to deliver brief interventions for patients with behavioral health conditions or those needing assistance with behavior change;
    b. The practice has an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care; and
    c. The practice utilizes a single integrated health record to consolidate a patient's physical and behavioral health information, OR implements a protocol for effective information integration between these domains that allows timely, collaborative care.

Topic: Health Behavior Assessment and Intervention Codes

1. **What are the HBAI codes?**
    a. HBAI codes focus on brief assessment and brief intervention to address behavioral health issues in a primary care setting. They are led by a behavioral health provider in collaboration with a medical provider, and do not require a behavioral health diagnosis to bill.
2. **Which HBAI codes are covered?**
    a. 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
3. **Can the HBAI codes be provided over telehealth?**
    a. HBAI codes may be provided in-person and/or telehealth.
4. **Who can provide HBAI services?**
    a. HBAI services can be billed by a variety of mental health professionals, including Licensed Clinical Social Workers, Licensed Mental Counselors, Licensed Professional Counselors, Licensed Marriage Family Therapists as well as clinical psychologists, and psychiatrists. *These services must be billed by a mental health professional enrolled as a PCMP.*
5. **What are the limitations for the HBAI codes?**
    a. HBAI codes and Collaborative Care Management (CoCM) codes cannot be billed together for the same patient in the same calendar month.
    b. HBAI code and a psychotherapy code cannot be billed together on the same date of service.
    c. HBAI codes are restricted to Medically Unlikely Edits (MUEs) per NCCI.
6. **Can you bill the HBAI assessment (96156) and a HBAI intervention (96158) on the same day?**
    a. Yes.

Topic: Collaborative Care Management Codes

1. **What are the CoCM codes?**
    a. CoCM codes focus on providing psychiatric care in a primary care setting.
2. **Which CoCM codes are covered?**
    a. 99484, 99492, 99493, 99494, G0323, G2214
3. **Can the CoCM codes be provided over telehealth?**
    a. CoCM codes may be provided in-person and/or telehealth.
4. **What is the role of the behavioral health care manager?**
    a. The BCHM does outreach and engages patients in treatment directed by the primary care provider. They also perform initial and follow up assessments of the patient, create individualized care plans for patients, enter patients in a registry and track patient follow-up and progress.
5. **Who can be a behavioral health care manager?**
    a. The behavioral health care manager may be any designated member of the care team with formal education or specialized training in behavioral health, who is available to

provide services on a face-to-face basis. This includes a Behavioral Health RN, Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, and Licensed Addiction Counselor.

6. **Who can be a psychiatric consultant?**
    a. A psychiatrist, a psychiatric nurse practitioner, and a PA-C with psychiatric certification.
7. **What is a registry?**
    a. A registry tracks clinical outcomes and progress for patients and the population. It facilitates treatment-to-target by summarizing patient's progress in an understandable and actionable way.
8. **What are the limitations for CoCM codes?**
    a. A CoCM code and a HBAI code cannot be billed together for the same patient in the same calendar month.
    b. 99494 may be billed a maximum of two times per calendar month.
    c. Billing cannot exceed 2 hours and 10 minutes in the first calendar month, and 2 hours in subsequent calendar months.
9. **Will RAEs require the Colorado Client Assessment Record (CCAR) for psychotherapy codes?**
    a. No, the CCAR will not be required of PCMPs for integrated care services.
10. **Can PCMPs use a psychiatry access line, such as CoPPCAP, for the psychiatric consultant?**
    a. A requirement to bill CoCM codes includes weekly case load reviews between the psychiatric consultant and behavioral health care manager.
    b. If psychiatry access lines are being utilized to fit all requirements of the CoCM model, they are permitted for use.
11. **Does the 50% + 1 minute rule apply to CoCM codes?**
    a. Standard time based billing criteria apply. It is important to note that for billing the 60 min code and an additional 30 min code you must meet the full 60 min plus the next 16 min to bill both the codes for a total of 76 min to bill both codes. Not, 31 min for the 60 min code and 16 min for the 30 min code.

Topic: Short-term Behavioral Health Visits

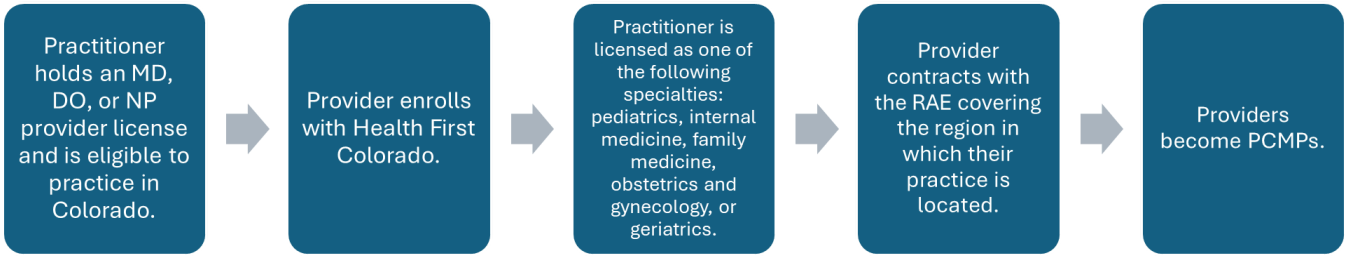
1. **How will STBH visits work going forward?**
    a. Under this budget request, beginning on 7/1/2025 STBH visits will be covered by the behavioral health capitation through Regional Accountable Entities (RAE).
2. **Can PCMPs still bill psychotherapy (STBH) codes without a diagnosis?**
    a. Diagnoses will be required to bill these codes, unless the patient is under 21 years of age. See Senate Bill 23-174 for more information.
        i. A deferred diagnosis is acceptable.
        ii. All psychotherapy services need to be medically necessary.
        iii. Diagnosis for low acuity may include anxiety, depression, etc.
3. **What does "medical necessity" mean?**
    a. Medical necessity does NOT mean that services require prior authorization.

   b. Physician services are reimbursable when the services are a benefit of Medicaid and meet the criteria of Medical Necessity as defined in 10 C.C.R. 2505-10
   c. For more information, visit https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7284.

4. **Is a treatment plan required to bill the STBH psychotherapy codes?**
   a. Yes, a behavioral health treatment plan must be developed to determine medical necessity in order to bill the behavioral health capitation. Practices may develop their own document and/or template, or use an existing template to outline treatment plans. This plan is not required to be extensive, a 1 page document to outline the plan of behavioral health care is appropriate.
5. **What if my practice does not have the capacity to build treatment plans?**
   a. The HBAI codes and CoCM codes will be available for practices to bill without a prior authorization, treatment plan, or diagnosis. The intention of this policy is to fill the gap the STBH codes will leave with the HBAI codes. HBAI codes also have 15 minute add ons to give another level of increased flexibility.
6. **Does the policy prohibit RAEs from contracting with the PCMP for other codes?**
   a. No.

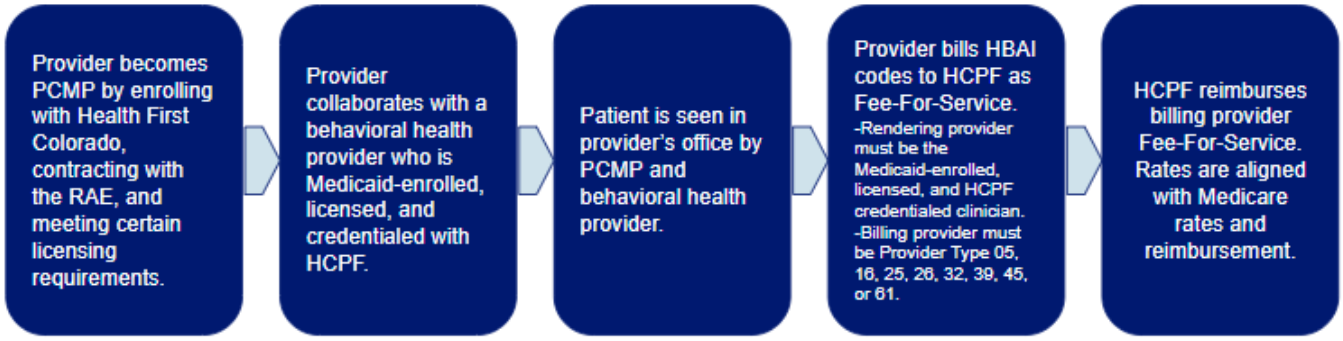
Topic: Billing and Reimbursement

1. **If you are a provider wanting to become a PCMP:**

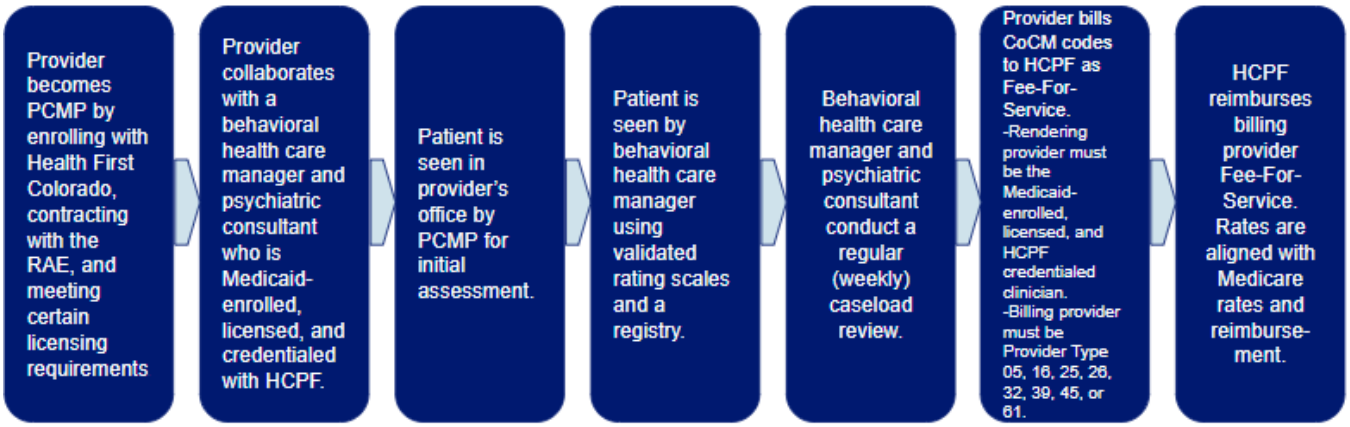


- Regional Provider Support: Provides information on how to become a provider and provider support through Regional Field Representatives.
- Provider Enrollment in Health First Colorado

2. **If you are a provider wanting to bill HBAI codes:**



3. **If you are a provider wanting to bill CoCM codes:**



4. **If you are a provider wanting the additional Integrated Care PMPM:**
    a. Please visit [Colorado's ACC Phase III Primary Care Payment Structure]**.**
5. **Who do we list on the claim?**
    a. The billing provider is listed as the clinic/practice.
    b. The rendering provider is listed as the licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service.
6. **How does a practice qualify to bill the HBAI and CoCM codes and receive the integrated care PMPM?**
    a. Practices must be contracted with a RAE as a PCMP to participate in the components of the integrated care sustainability policy, including billing HBAI and CoCM codes, and

receiving an integrated care PMPM. This is due to budget reasons, our intention is to allow all PCP's to bill HBAI and CoCM codes in the coming years.

7. **Are claims with Place of Service 22 (Outpatient Hospital) and Place of Service 19 (Off Campus – Outpatient Hospital) included in this benefit?**
    a. Place of Service 19 and 22 are included in the Integrated Care policy for both HBAI and CoCM codes.
8. **Who can be a billing provider for the HBAI and CoCM codes?**
    a. Clinic (primary care);
    b. Federally Qualified Health Centers (FQHCs);
    c. Rural Health Clinic (RHC);
    d. Indian Health Services provider (IHS); or
    e. Non-physician practitioner group.
9. **How do FQHCs bill?**
    a. FQHCs may bill on the UB-04 claim if the visit meets the definition of an FQHC visit found in 10 CCR 2505-10 8.700.1.B. If the visit does not meet the definition of an FQHC visit, the FQHCs capture any applicable costs associated with HBAI and CoCM services on their cost reports.
    b. When HBAI and CoCM codes are billed as an encounter, it's a physical health encounter.
10. **Who can be a rendering provider?**
    a. Only the supervising physician or other listed practitioner may be listed as the rendering provider. Additionally, we require general supervision by a physician or other listed practitioner for behavioral health services provided by auxiliary personnel incident to the professional services of a physician or other listed practitioner.
    b. Rendering providers must be listed under Provider Type 37 or 38. To find your provider type, please refer to https://hcpf.colorado.gov/find-your-provider-type.
11. **Can an unlicensed provider (masters level) provide services?**
    a. While an unlicensed provider can provide hands-on care to a Medicaid member, the licensed provider who is an enrolled Medicaid provider is the one responsible for services and must be the "rendering provider" on the claim.
12. **How do we bill these new codes?**
    a. Eligible PCMPs may submit claims for reimbursement of HBAI codes and CoCM codes for fee-for-service (FFS) reimbursement if they are contracted with a RAE as a PCMP. All PCMP FFS claims are billed to Gainwell/HCPF.
13. **Do I need a diagnosis to bill HBAI or CoCM codes?**
    a. No, but medical necessity must be shown. If the referring diagnosis is part of the FFS benefit, then the provider needs to submit their claim to Gainwell for reimbursement.
14. **Is the diagnosis of "Annual wellness visit/Well Child" (Z codes) allowable for HBAI and CoCM codes?**
    a. Yes.
15. **How will the HBAI and CoCM services work with the Managed Care Organizations (Rocky Mountain Health Plan Prime and Denver Health Medicaid Choice)?**

   a. PCMPs must be contracted with an MCO in order to bill the MCO for HBAI and CoCM codes. HBAI and CoCM codes are payable by MCOs at rates the MCO negotiates with PCMPs.

16. **What if a member is attributed to a RAE, but the behavioral health provider is not in that RAE?**
    a. Behavioral health providers are encouraged to contract with multiple RAEs to promote a statewide behavioral health network. RAEs are required to offer single case agreements to any behavioral health provider with an existing relationship with a member and may choose to contract with that provider. RAEs also have the authority to determine which providers they credential into their network, and have been encouraged to include a variety of Behavioral Health providers. For more information, please visit Contracting Guidance for Behavioral Health Providers.
17. **Is there guidance for behavioral health medication and Medication Assisted Treatment in the new policy?**
    a. Nothing is changing for medications or MAT as HCPF transitions from ACC Phase II to ACC Phase III. MAT is allowed FFS and under the behavioral health capitation. Medications are FFS and paid for by HCPF.
    b. For information relating to FFS Physician-Administered Drugs, please refer to the May 2025 Provider Bulletin page 6.

Recap:
In order to participate in this policy beginning 7/1/25, a provider must be contracted with a RAE and must be a PCMP.

- To bill the STBH codes that are moving to the BH capitation, the provider must be PCMP.
- To bill HBAI and/or CoCM codes, the provider must be a PCMP.
- To receive the PMPM, the provider must be a PCMP.

For more information contact

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